

<i>SERFF Tracking Number:</i>	<i>CLBA-125317580</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Columbia Mutual Insurance Compny</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026372</i>
<i>Company Tracking Number:</i>	<i>CMI-CGS-07-F02</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>General Liability</i>		
<i>Project Name/Number:</i>	<i>ISO Postponement/CMI-CGS-07-F02</i>		

Filing at a Glance

Company: Columbia Mutual Insurance Compny

Product Name: General Liability	SERFF Tr Num: CLBA-125317580	State: Arkansas
TOI: 17.0 Other Liability - Claims	SERFF Status: Closed	State Tr Num: AR-PC-07-026372
Made/Occurrence		
Sub-TOI: 17.0001 Commercial General Liability	Co Tr Num: CMI-CGS-07-F02	State Status:
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Authors: Dennis McVay, Christina Walker, DeeDee Williams	Disposition Date: 10/18/2007
	Date Submitted: 10/09/2007	Disposition Status: Non-Adoption
Effective Date Requested (New): 04/01/2008		Effective Date (New):
Effective Date Requested (Renewal): 04/01/2008		Effective Date (Renewal):

General Information

Project Name: ISO Postponement	Status of Filing in Domicile: Pending
Project Number: CMI-CGS-07-F02	Domicile Status Comments:
Reference Organization: ISO	Reference Number: GL-2006-OCTFR
Reference Title: N/A	Advisory Org. Circular: LI-GL-2007-111
Filing Status Changed: 10/18/2007	
State Status Changed: 10/09/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
In reference to ISO's Filing Designation Number GL-2006-OCTFR, we wish to postpone the implementation of the General Liability forms filing from December 1, 2007 to April 1, 2008.	

Company and Contact

Filing Contact Information

DeeDee Williams, Asst. Analyst	dwilliams@colinsgrp.com
2102 White Gate Drive	(573) 474-6193 [Phone]

SERFF Tracking Number: CLBA-125317580 *State:* Arkansas
Filing Company: Columbia Mutual Insurance Compny *State Tracking Number:* AR-PC-07-026372
Company Tracking Number: CMI-CGS-07-F02
TOI: 17.0 Other Liability - Claims Made/Occurrence *Sub-TOI:* 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: ISO Postponement/CMI-CGS-07-F02

Columbia, MO 65205 (800) 836-5713[FAX]

Filing Company Information

Columbia Mutual Insurance Compny	CoCode: 40371	State of Domicile: Missouri
2102 White Gate Drive	Group Code: 807	Company Type: Mutual
P O Box 618		
Columbia, MO 65205	Group Name: Columbia Insurance Group	State ID Number: 03
(573) 474-6193 ext. [Phone]	FEIN Number: 43-0790393	

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Filing Fees

Fee Required? Yes
Fee Amount: \$20.00
Retaliatory? No
Fee Explanation:
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Columbia Mutual Insurance Compny	\$20.00	10/09/2007	16021782

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Non-Adoption	Edith Roberts	10/18/2007	10/18/2007

SERFF Tracking Number: *CLBA-125317580* *State:* *Arkansas*
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TOI: *17.0 Other Liability - Claims Made/Occurrence* *Sub-TOI:* *17.0001 Commercial General Liability*
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Project Name/Number: *ISO Postponement/CMI-CGS-07-F02*

Disposition

Disposition Date: 10/18/2007

Effective Date (New):

Effective Date (Renewal):

Status: Non-Adoption

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: CLBA-125317580 State: Arkansas
Filing Company: Columbia Mutual Insurance Compny State Tracking Number: AR-PC-07-026372
Company Tracking Number: CMI-CGS-07-F02
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property &Non-adoption Casualty		Yes

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Rate Information

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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Non-adoption 10/18/2007

Comments:

Attachment:

Transmittal Document.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name					Group NAIC #
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #	

5. Company Tracking Number	
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
7. Signature of authorized filer				
8. Please print name of authorized filer				

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)				
10. Sub-Type of Insurance (Sub-TOI)				
11. State Specific Product code(s)(if applicable)[See State Specific Requirements]				
12. Company Program Title (Marketing title)				
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)			
14. Effective Date(s) Requested	New:		Renewal:	
15. Reference Filing?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
16. Reference Organization (if applicable)				
17. Reference Organization # & Title				
18. Company's Date of Filing				
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved			

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

[illegible]

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)